

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/550898

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3	2					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	0					
11	0					
12	/					
13	1					
14	2					
15	2					
16	2					
17	2					
18	2					
19	2					
20	2					
21	0					
22	0					
23		1				
24			1			
25				1		
26					1	
27						1
28						
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31						
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33						
34		1				
35			1			
36				1		
37					1	
38						1
39						
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41						
42						
43						
44						
45			1			
46				1		
47					1	
48						1
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	34	◀	22	◀		◀
TOTAL CLAIMS	36		24			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						